

SAMPLE OF ENROLLMENT FORM (#DNHRS1)

NEW HAMPSHIRE RETIREMENT SYSTEM
4 CHENELL DRIVE
CONCORD, NEW HAMPSHIRE 03301-8509
(603) 271-3351

MEMBER INFORMATION / ENROLLMENT FORM

SECTION A: TO BE COMPLETED BY EMPLOYEE *(Please type or print)*

Social Security Number	Name
Mailing Address	Date of Birth / /
City, State, Zip	Male ____ Female ____

SECTION B: TO BE COMPLETED BY EMPLOYER *(Please type or print)*

Employer account number:						Job Share <input type="checkbox"/>					
First day of employment where worker meets eligibility requirements: / /											
Membership Classification:											
<u> GROUP I </u>				<u> GROUP II </u>							
(a)____ Employee ____ Full-time Teacher ____ Job Share Teacher*						(b) ____ Police ____ Fire					
* One job shared equally by two teachers Check one: ____ Job previously certified						(c) Group II Certification Number ____ New Certification - Group II Position					
Certification Form attached											
Annual Salary \$				Position Title				Number of Hours Per Week			
Employer Name				Employer Address							
If membership for this person is optional, you must notify this person in writing to this effect.											
Check documents attached to this form:											
____ Copy of worker's Social Security Card or Form W-9											
____ Certified copy of worker's birth certificate											
____ NHRS Designation of Ordinary Death Beneficiary(ies) Form											
I hereby certify that _____ is an employee of the _____ and that deductions will be made in accordance with the New Hampshire Retirement System Law.											
Name				Signature of Department Head or Fiscal Officer							
_____				_____ / ____ / ____							
Date Signed											

SECTION C: SIGNATURE SECTION - TO BE COMPLETED BY EMPLOYEE

I understand that unless I file a properly completed NHRS Designation of Ordinary Death Beneficiary(ies) form with the NHRS, any benefits payable in the event of my death will be distributed in accordance with applicable New Hampshire law.

_____/_____/_____
Employee's Signature Date Signed

(Previous editions of this form are obsolete)